MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026187
STATE FILE NUMBER

1003

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **6785**

FILED JUL 5 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **St. Louis** Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): **Deaconess Hospital** Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**
c. CITY OR TOWN **Warson Woods** Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) **1112 Timberlane** Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First **ROLAND** Middle **J.** Last **MILLER**
4. DATE OF DEATH Month **June** Day **27** Year **1963**

5. SEX Male **6. COLOR OR RACE** White **7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10/1/1897 **9. AGE** (last birthday) 65 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mfg. Agent**
10b. KIND OF BUSINESS OR INDUSTRY **Broker**
11. BIRTHPLACE (City and state or country) **Anderson Indiana**
12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Oscar Miller**
13b. MOTHER'S MAIDEN NAME **Sarah Jane Conaway**
14. NAME OF HUSBAND OR WIFE **Monteuse Miller**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
16. SOCIAL SECURITY NO.
17. INFORMANT **Barbara McDonald 1112 Timberlane** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) _Pneumonia, Lobar,_ INTERVAL BETWEEN ONSET AND DEATH: 28 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _490x_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): _Arteriosclerotic Heart Disease_

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _12/28/62_ to _6/27/63_ and last saw him alive on _6/27/63_.
Death occurred at _11:30 P.M._ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE _____ (Degree or title) **MD**
22b. ADDRESS _3 N Central St Louis_
22c. DATE SIGNED _6/28/63_ (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **23b. DATE** 7/1/1963
23c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery**
23d. LOCATION (City, town, or county) **St. Louis County Mo.**

24. FUNERAL DIRECTOR **Lupton Chapel 7233 Delmar Blvd.** ADDRESS
25. DATE RECD. BY LOCAL REG. JUN 28 1963
26. REGISTRAR'S SIGNATURE _Hearl Smith, M.D._

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Arnold W. Schoene_
      Signature of Student Embalmer

                                                     Licensed Embalmer No. _3864_

                                              P. O. Address _St. Louis, Mo._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.